



Please mail all information and make Check / Money Order payable to:

Nashua PAL – C/O Football

52 Ash St. Nashua NH, 03060

Participants Information:

First Name: _____ Last: _____

Address: _____

(Street / Road)

(City)

(Zip)

Apt#

School & Grade Currently Attending: _____

Other Organizations Participant has been involved in: _____

Shirt Size: YM / YL / AM / AL / AXL

Medical Information:

Allergies: _____

Physician: _____ Preferred Hospital: _____

Insurance: _____

Legal Guardian Information:

First Name: _____ Last: _____

Address: _____

(Street / Road)

(City)

(Zip)

Apt#

Phone # 1 _____ Phone # 2 _____

During camp times participants currently in grades 2-4 are NOT to be left alone. If your child is an Asthmatic and / or requires special medication the legal guardian is to be available at all times.

Guardian

Date